

## Just Care:

### Triage in Influenza Pandemic

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## Language of Distribution

- Allocation
- Selection
- Gate-keeping
- Priority setting
- Rationing
- Triage

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## Explicit vs. implicit rationing

- *Implicit rationing:*
  - Generally favored in U.S.
- *Explicit rationing (formal triage):*
  - Will probably be needed in pandemic flu
  - Along with explicit & defensible justifications for criteria
- As basis for social trust & cooperation

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## Moral Reasoning

- General principles
  - E.g., justice, for assessment of acts, practices, & policies
- Analogical reasoning
  - From moral precedents (settled case judgments) to new cases

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## Prominent analogies

- Lifeboat cases
- Other scarce medical resources:
  - penicillin, polio, dialysis, organs
- Triage:
  - battlefield, civilian disaster, hospital

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## Just Care in a Pandemic

- ***What is Just Care?***
- Formal justice: treat similar cases similarly & dissimilar cases dissimilarly
- Material criteria of justice: identify characteristics that constitute relevant similarities & differences--e.g., medical need, ability to pay, age, etc.

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## Triage

- Triage: sorting, grading, classifying, setting priorities
- Medical triage
  - Sorting according to needs and probable outcomes, given available resources
  - Generally designed to do greatest good for greatest number under conditions of scarcity, often emergency conditions
  - hence utilitarian in nature

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## Utility: requires specification

- Utility: do the greatest good for the greatest number
- Social Utility: maximize social welfare
- Medical Utility: maximize the welfare of persons suffering from or at risk for disease

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## Medical utility: factors in

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|--|---|
| ■ Medical need--<br>degree of<br>urgency   | ■ Probability of<br>successful<br>outcome |
| <i>HOW SHOULD WE<br/>DETERMINE, SPEC-<br/>IFY &amp; BALANCE<br/>THESE FACTORS?</i> | ■ Amount of<br>resources<br>required      |

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## Medical utility or futility?

- **Futility**: in strongest sense, no chance of benefit, but many different usages of term:
  - Can't be performed
  - Unlikely to be efficacious
  - Unlikely to produce more than insignificant outcome
  - Unlikely to produce more benefits than burdens to patient, etc.
- What degree of improbability for what benefit to the patient constitutes futility?

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## Caution re “futility”

- Triage classification: for whom nothing efficacious can be done?
- Problems:
  - Too many meanings of term
  - Danger of creating aura of certainty & objectivity even when unwarranted
- Hence, important but potentially misleading term in efforts to set allocation criteria

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## Social Utility

- Broad social utility
  - Overall value or worth to the society
- Narrow social utility
  - Specific valuable and essential roles and functions for society in a crisis
  - Paul Ramsey: “focused community”

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### Acceptable specific criteria? (Pesik et al. re mass casualties)

- Likelihood of benefit
- Effect on improving quality of life
- Duration of benefit
- Urgency of the patient's condition
- Direct multiplier effect among emergency caregivers
- Amount of resources required for successful treatment

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### Unacceptable specific criteria? (Pesik et al.)

- Age, ethnicity, or sex
- Talents, abilities, disabilities or deformities
- Socioeconomic status, social worth, or political position
- Coexistent conditions that do not affect short-term prognosis
- Drug or alcohol abuse
- Antisocial or aggressive behavior

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### Triage criteria 1

- Based on medical utility & narrow social utility
- Constrained by principles of equality & fairness
- In light of best available scientific & medical evidence
- Must flexible or revisable over time in light of new evidence, needs, etc.
- Must be feasible, workable (e.g., timing, logistics)

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## Triage criteria

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- Must have professional & public support & cooperation, based on transparency & trust
- Must be justified to public, preferably formulated with public participation
  - Analogy: organ allocation policy

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## Consistency: how important?

- Across types of public health/medical crises?
- Across kinds of technologies & resources?
- Across geographical areas, institutions, etc .?

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## Making tragic choices

When societies confront tragic choices--where fundamental social-cultural-ethical values are at stake--they must "attempt to make allocations in ways that preserve the *moral foundations of social collaboration*."

(Guido Calabresi and Philip Bobbitt, *Tragic Choices*)

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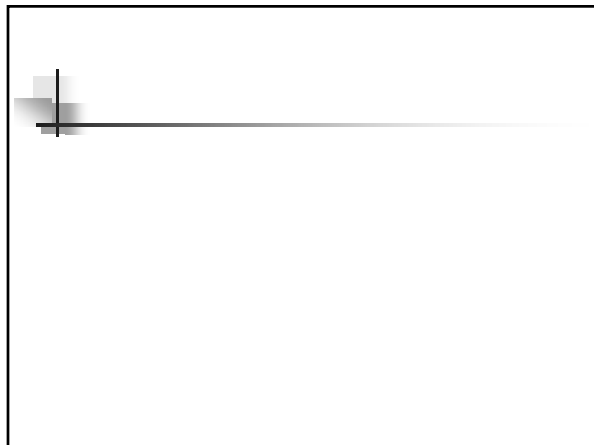
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**institutional ethics  
committees: historical  
perspectives**

- Professional/lay committees
  - Allocation of dialysis ("God squad")
- Institutional Review Boards
  - Research, involving public members
- Ethics committees
  - Originated mainly out of death/dying cases, particularly re newborns, but evolved

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## Ethics committees in preparation for pandemic flu

- Need for intramural & extramural conversations & institutional deliberation
  - Ethics committees can be helpful
  - Not only “ethicists” but broadly based “ethics” committees
- Possible (modest) roles
  - Institutional policy advisors & educators
  - Conversation facilitators--to ensure triage is on agenda

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## Levels of decision

- Advantages of local institutional level:
  - Knowledge of local institution, personnel, institutional/community values, etc.
- Advantages of higher level decision:
  - Remove burden & pressure on local institution--“out of our hands.”
  - Greater consistency across institutions--perception of fairness

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## Responsibilities of HC professionals in face of risk

- 1st AMA Code of Medical Ethics (1847):  
“When pestilence prevails, it is [physicians’] duty to face the danger, and to continue their labors for the alleviation of suffering, even at the jeopardy of their own lives.”
- Removed to text over a century later & deleted altogether in 1977 as one of “historical anachronisms.”

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## Possible approaches

- Heighten professionals' sense of responsibility (obligation or ideal)
  - But difficult to accomplish
- Enable professionals to live up to obligation or ideal
  - Support needed for professionals & families (SARS in Toronto)
- Impose community/express community

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